

**MYC PARENT'S NIGHT OUT**  
**Registration and Parental Consent and Liability Release Form**

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**PARTICIPANT'S NAME:**

**AGE:**

**ADDRESS:**

**STATE:**

**ZIP:**

**PARENT NAME(S):**

**PARENT CELL PHONE(S):**

**EMERGENCY CONTACT:**

**CELL PHONE NUMBER:**

**MEDICAL CONDITIONS:**

**FOOD ALLERGIES:**

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**WAIVER**

As legal guardian of \_\_\_\_\_ (Participant), I recognize that injuries can occur in sports and activities. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all MYC's Parents Night Out (City of Maumelle) and other programs and activities provided by the City of Maumelle. I accept all risks associated with that participation.

The MYC'S Parents Night Out (City of Maumelle) will be providing pizza and soda at the event. The parents of a child with serious food allergies, or other serious medical concerns, must take complete responsibility for the health and welfare of their child.

In the event of an emergency, I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Parents Night Out and City of Maumelle, and its representatives harmless in their execution of this action.

In consideration for allowing my child to use these facilities, I, on my own behalf of my child and our respective heirs, administrators, executors and successors, hereby covenant not to sue and forever release Parents Night Out and City of Maumelle, its volunteers, officers, directors, shareholder employees or agents of all responsibility.

I have read and understand this assumption of risk and waiver of liability and medical authorization and I voluntarily affix my name in agreement.

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Name

Signature

Date